The Public Health Journal

Vol. X. MAY, 1919 No. 5

# Medical and Social Aspects of the Venereal Disease Problem

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THE medical aspects of the venereal disease problem are the aspects which are most obvious to us and constitute our most immediate problem. It is estimated that of the population at large about 8 per cent. are syphilitic and easily available statistics for Canada would seem to bear out this statement. For instance:

In 1918 in one regiment of draftees after all disease had supposedly been eliminated the A2 men remaining were shown by a routine Wassermann test to include 5.7 per cent. of syphilitics.

Routine Wassermann tests during the first three months of 1917 showed 12 per cent. of the total admissions to Toronto General Hospital to have a positive Wassermann reaction, while the same test on the patients in Montreal General Hospital showed a positive test in 26 per cent. of all admissions. Parallel statistics might be quoted.

Eight per cent. of the total population of Canada infected with syphilis means conservatively 500,000 cases. When one considers that in military hospitals generally the number of gonorrhoeal patients under treatment greatly exceeds the syphilitics, and that doubtless civil conditions are similar the fact that we have a medical problem on our hands is self evident, to the physician at least. When one considers the tremendous number of gynaecological operations, the cases of congenital blindness, early apoplexies, sterility and numerous others domestic and social tragedies which result

*Acknowledgement is made to Miss Gertrude Seymour writing on "A Year's Progress in Venereal Disease Control" in 'Social Hygiene' of January, 1919, for material used in the above article.

we find that we have a problem which is decidedly of interest to the economist, sociologist and citizen generally as well.

In view of the large existing number of cases it would appear that our first task is to prevent further infection from these existing cases and to prevent the development of further damage and disability in persons already diseased.

Here we should first pay attention to the matter of diagnosis and treatment. We are immediately confronted with the fact that information as to both of these matters is to say the least scanty on the part of most physicians, that no provision has been made for the treatment of poor persons, that the salvarsan or arsphenamine treatment is so expensive as to make it almost out of reach for many people and that we have absolutely no organization for tackling the biggest public health problem we have ever attempted to solve.

It is true that legislation has been passed in Ontario, legislation of an admirable character—that similar legislation has been passed in Nova Scotia, Alberta and Saskatchewan and that legislation is pending in New Brunswick and Quebec. It is also true that the provinces are agreed as to certain general legislative principles which should be adopted for the control of these diseases. These were carefully discussed at a conference of provincial representatives held in Ottawa on February 3rd.

The Ontario Act covers the following points and on these points the provinces are fairly well agreed:—

(a) Compulsory notification.
(b) Compulsory treatment.
(c) Standardized treatment.
(d) Authority to examine persons suspected of being affected with Venereal Disease.
(e) Prevention of quack treatment, quack remedies, and of the advertising of such treatment and remedies.
(f) Right of entry of Public Health authorities.
(g) Prevention of Infection—See Ontario Act, Sec. No. 8.
(h) Power to make regulations by Order-in-Council. Sec. 13, Ontario Act.
(i) Liability of Municipalities or Local Authorities. Sec. 14 (1), Ontario Act.
(j) Penalties. Sec. 13 (j), Ontario Act.

Possibly it may be necessary to deal with points not touched by the Ontario Act. It would seem, however, that the Ontario Act is not itself defective. It gives a great deal of power to medical

officers of health and to the police—and gives the physician an opportunity not only to greatly assist in the control of cases he is treating, but also to trace up sources of infection. Section 4, subsection 1 of the Act, as I understand it, gives the physician not only power to keep his patient under treatment (not necessarily his own because the patient may go to another physician or clinic), but also to notify the M. O. H. of his district as to the man or woman acting as a source of infection. In the army we have attempted to find sources of infection and in many cases have succeeded. For example, during the last week acting under the authority of the Ontario Act we have been able to place under treatment a girl who infected eight soldiers in a very short time, and doubtless a good many more civilians. I see no reason why this procedure should not be adopted in civil life.

Similarly the issuing of educational cards to patients by physicians (cards are provided for all physicians by the Provincial Board of Health) should be of great educational value. The manual of treatment included in the regulations of the Provincial Board should be of value to physicians generally. Some additional legislation will doubtless be necessary—for instance, something should be done for the protection of persons marrying—and I think that the legislation recently under discussion by a committee of the Ontario House is a step in the right direction. It would seem, however, that it is not so much legislation we need at present as action—action in Ontario—co-ordinated action on the part of all the provinces.

Some method must be devised by which physicians will be interested in the working out of the provisions of the legislation we have and not only physicians but people generally throughout the provinces. The newspapers should take the matter up more generally. Educational literature on the dangers of venereal diseases, on the neceessity for early treatment and thorough treatment should be used widely as in the United States. Lectures by physicians should be prepared and given in factory, store, workshop and public meetings as in England. Educational films, such as the one we are to see to-night, are a valuable means for propaganda and should be used extensively before suitable audiences. The film, "The End of the Road," prepared by the United States Government for women should also be utilized if available until we are able to obtain films of our own.

Another question which should be taken up as a governmental matter is the education of young people in matters of sex. With the

information we have at hand as to the tremendous menace which venereal diseases are to the welfare and efficiency of the very nation it is criminal that we should not attempt to correct the ignorance of simple sex facts which is so great a factor in their production. Sex facts can be taught and should be taught at as early an age as possible if we are to provide our young people with that information which should be regarded as a natural bulwark of protection without which they are much more likely to be overwhelmed by the vicious influences under which so many perish.

Another matter of importance is the establishment of clinics. The essentials of a standard clinic should be carefully worked out in detail as to medical staff, organization, equipment and social workers. Clinics should be established at strategic points as quickly as possible. Again, some method should be adopted of putting the whole under central control, probably by means of establishing a Bureau of Venereal Diseases. The matter of civilian co-operation should not be neglected. The organization of a National Council for Combatting Venereal Diseases will, I hope, be completed in the near future, and should be of as great assistance as a similar organization has proved to be in Great Britain. As in the United States and Great Britain the principle of a Federal Subsidy to encourage local action should do much to bring about results in all of the provinces.

The developments, both in and out of the army in the United States, provide a wonderful example of what can and should be done to control venereal disease. I want to touch on some of the army methods later but here will mention a few of the things which have been accomplished in civil life. It is but fair to say that most of these are the direct result of the stimulus afforded to civil authorities by the magnificent programme for the control of venereal disease, which was put into effect by Surgeon-General Gorgas and his advisors, and of the fact that medical examination of drafted men revealed the fact that action on a nation-wide scale was absolutely necessary.

Owing to the lack of uniformity in legislation it was deemed advisable early in 1918 to draw up a model law which might serve as a board of health regulation, or better still, as a state law for the control of venereal diseases. This draft of suggested legislation was the result of study by lawyers experienced in this special field of social hygiene, of experienced health officers and of naval, military and Public Health Service officials.

In its final form this legislation received the approval of the three government departments concerned—those of the army, the navy and Public Health Service. The act contains the following provisions:—

VENEREAL DISEASES ARE DECLARED DANGEROUS TO PUBLIC HEALTH.

*Rule* 1.—Venereal diseases are to be reported by physicians, superintendents of hospitals and dispensaries and heads of charitable and penal institutions. This must be by number or by name.

*Rule* 2.—It shall be the duty of physicians and of every other person who examines or treats a person suffering from Venereal Disease to instruct him in measures for preventing the spread of such disease, and to hand him a copy of the circular of information obtainable for this purpose from the State Board of Health.

*Rule* 3.—All cases of Venereal Diseases shall be investigated, particularly as to the source of infection and examination of suspected persons is authorized. All persons who are prostitutes or associated with prostitutes are to be considered as suspected persons.

*Rule* 4.—Protection of others from infection by venereally infected persons:

(*a*) Authority is given to local health officers to quarantine persons who are reasonably suspected of having venereal disease.

(*b*) Any person released from quarantine who is not cured must sign a statement agreeing to place himself under designated medical care and remain under treatment until cured.

*Rule* 5.—Persons applying for treatment must inform the physician as to the name and address of the last physician consulted. The second physician is to notify the first physician. Where a patient neglects treatment for ten days the physician in charge is empowered to forward his name and address to the medical officer of health.

(*b*) A physician may notify the medical officer of health of a patient who is conducting himself so as to expose another person to infection.

*Rule* 6.—Druggists are forbidden to prescribe for venereal disease.

*Rule* 7.—It is a violation of the regulation for an infected person to expose another person to infection.

*Rule* 8.—*Prostitution is to be repressed.* Prostitution is hereby declared to be a prolific source of syphilis, gonorrhoea and chancroid. All local and state health officers' duties are directed against

prostitution and to use their proper means for the suppression of prostitution.

*Rule* 9.—This forbids the giving of a certificate of freedom from venereal disease. This is designed to prevent the use of such certificates by persons who may use them for solicitation for sexual intercourse.

*Rule* 10.—Records are to be kept secret.

SUGGESTIONS.

*Note* 1.—Penalties for violation of the above must be provided.

*Note* 2.—Provision for intensive treatment in suitable hospitals while patients are under quarantine, and clinic facilities of high standards shall be made by the municipalities or state at the public expense.

*Note* 3.—It is recommended that for the enforcement of these regulations that states establish bureaus of venereal diseases under the state boards of health and appropriate the necessary funds.

*Note* 4.—The issuance of arsphenamine or equivalents to health officers, institutions and physicians at state expense is recommended.

*Note* 5—It is suggested that provision be made for the examination of prisoners for venereal disease, and if still infectious at the end of their prison term they should be quarantined and treated.

*Note* 6.—Laboratory facilities for the diagnosis of syphilis and gonorrhoea should be made by the boards of health and health departments of large cities.

*Note* 7.—Provision should be made for follow-up work and social service.

*Note* 8.—Institutions are recommended for persons who are likely to become venereal disease carriers. This has special reference to the control of the feeble-minded.

*Note* 9.—It is recommended that the "passing on" of patients having venereal disease from one community to another be prevented.

*Note* 10.—It is suggested that the bureau of venereal diseases carry on a campaign of education in:

(*a*) Venereal Disease prevention.

(*b*) In the conditions responsible for the dissemination of venereal diseases.

The above law in its main points has been passed in no less than 42 states. Special bureaus for administering the campaign against

venereal diseases or special sections in existing divisions of communicable diseases have been established in 35 states.

The result has been that public education on the subject has progressed very rapidly all over the United States. Clinics have been established on a large scale. For instance, in Massachusetts 16 clinics have been arranged for and 13 are in active operation. The question of social service in connection with venereal disease has also been brought to the front. Social workers in connection with these clinics have much to do in working out the problems of rehabilitation in order to secure for women and girls, who desire it, the chance to earn a livelihood by some other means than prostitution, or to begin again after the misstep which has come through ignorance or deception. These workers also investigate the circumstances under which a woman or girl is arrested, her ability to earn a living, her mental status and this information is of great value to the courts.

The federal authorities in the United States have also been very active. Under the Chamberlain-Kahn Bill there was created (July, 1918), a division of Venereal Diseases in the United States Public Health Service. This division has had much to do with the location and organization of clinics, the provision of material therefore and a set of standards of personnel, treatment and various reports which are necessary to give the federal departments a comprehensive view in regard to the situation. An important educational division has also been organized, having to do with the collection and dissemination of information not only on the public health campaign, but with other problems, medical and social.

Apportionments of money to institutions for medical and sociological work is being undertaken and allotment of money to state departments of health is about completed. Money is allotted to states under certain very definitely defined conditions, which include the putting into operation of regulations in conformity with the suggestions approved by the Surgeons General of the army, navy and Public Health Service for the prevention of venereal diseases. Allotments up to January, 1919, were as follows in 42 states:—

| State | Amount Paid to each | State | Amount Paid to each |
|---|---|---|---|
| Alabama | $23,247.15 | Montana | $ 4,088.76 |
| Arizona | 2,221.95 | Nebraska | 12,962.79 |
| Arkansas | 17,117.43 | Nevada | 890.22 |
| California | 25,850.72 | New Hampshire | 4,681.54 |

| State | Amount Paid to each | State | Amount paid to each |
|---|---|---|---|
| Colorado | 8,687.66 | New Jersey | 27,586.61 |
| Connecticut | 12,120.57 | New York | 99,090.89 |
| Delaware | 2,199.81 | North Carolina | 23,988.94 |
| Florida | 8,182.47 | North Dakota | 6,274.30 |
| Georgia | 23,368.56 | Ohio | 51,832.61 |
| Illinois | 61,308.38 | Oklahoma | 18,017.23 |
| Indiana | 29,366.62 | Oregon | 7,315.04 |
| Iowa | 24,194.56 | Rhode Island | 5,899.80 |
| Kansas | 18,385.42 | South Carolina | 16,476.71 |
| Kentucky | 24,897.77 | South Dakota | 6,384.61 |
| Louisiana | 18,008.89 | Texas | 42,367.08 |
| Maine | 8,071.80 | Vermont | 3,870.31 |
| Maryland | 14,084.18 | Virginia | 22,415.90 |
| Massachusetts | 36,603.94 | Washington | 12,416.85 |
| Michigan | 30,555.01 | West Virginia | 13,277.04 |
| Minnesota | 22,569.18 | Wisconsin | 25,375.70 |
| Mississippi | 19,540.22 | Wyoming | 1,587.05 |

The state allotment is to be expended along general standard lines for all states and in accordance with an accounting system, approximately as follows:

(a) The treatment of persons in hospitals, clinics and other institutions, including arsphenamine and other drugs, fifty per cent.

(b) Educational measures, twenty per cent.

(c) Repressive measures, twenty per cent.

(d) General administration, ten per cent.

Federal and state co-operation is assured by the appointment of a United States Public Health Service officer as director of the bureau for each state.

This programme insures the co-operation of federal and state authorities in the campaign against venereal diseases. It has been carefully worked out and already a tremendous amount of work has been done. Emphasis should be placed on the fact that this work originated in the army and that the tremendous campaign of publicity which was launched under army auspices has been the main factor in making it possible.

In dealing with the social aspect of the venereal disease problem the programme of the United States Government for the control of venereal disease in the army is of the greatest interest. It would be impossible to more than summarize this programme. The

United States Government has taken the attitude that social hygiene questions should be of the first rank among the problems of nation-wide preparedness for war, largely because of the tremendous effect a high venereal disease incidence has on the efficiency of military units. Among measures adopted:

1. The protecting of military forces from the use of alcohol.
2. The establishment of zones about military camps to protect the soldier from prostitution.
3. The establishment of a Commission on Training Camp Activities to counteract harmful influences by a constructive programme of entertainment, education, recreation, etc., participated in by both military and civil population.
4. The establishment of a similar commission for the navy.
5. The co-operation of the American Red Cross, especially in the matter of establishing clinics.
6. The co-operation of the War Work Council of the Y.M.C.A. through its activities including sex education.
7. The co-operation of the American Social Hygiene Association.
8. The co-operation of the American Playgrounds Association, which has done vitally important work in improving environmental conditions about the camps and cantonments.
9. The co-operation of the American Y.W.C.A., which has done valuable work among women and by the establishment of Hostess Houses in American camps.
10. The co-operation of the American Library Association.

While it is difficult to go into this programme in detail, one can say that its working out has been the first organized effort in history on the part of a Government to attack venereal diseases by dealing with basic principles. While it has been recognized that the repression of prostitution is an essential in any programme and this means the wiping-out of segregated districts, the fact has not been lost sight of that no amount of repressive legislation or repressive action will eliminate venereal diseases from a community. Prostitution is an abnormal social symptom resulting from abnormal social conditions and in the Social Hygiene programme of the United States Government a determined effort has been made to correct these conditions not only in so far as the soldier is concerned, but to a large extent for the civil population as well.

The Law Enforcement Division of the Training Camp Activities Commission was entrusted with the duty of reporting to Headquarters on such matters as the questions of "red-light" districts, re-

creational facilities, facilities for the treatment of venereal disease, as to boarding-house regulations, the enforcement of existing legislation and on the reports of this division a good deal of constructive action was based. Recreation on an organized basis was provided in camps, not for sentimental reasons, but because it was recognized that its provision would keep the soldier happy and contented, and that otherwise he might succumb to temptations which would result in his being lost to the army as an efficient soldier. Organized camp singing, a library, a theatre were provided for the same reason in each camp. One of the most important new institutions was the Hostess House, a large, comfortable, homelike club house, where the soldier was encouraged to bring his mother, his wife and his sister, in short, his women friends and relatives, certainly normalities of the best type. The work of the American Playgrounds Association in organizing the War Camp Community Service was an attempt to care for the soldier when he was on leave. This end was attained largely by obtaining the cooperation of existing organizations in a community and the working out of many schemes for keeping the soldier occupied with normal things.

A division of Men's Work undertook the education of men in various classes in the civil community. Committees were organized in various parts of the country at the instance of the Government, and the matter of attacking venereal diseases was taken up in an energetic way. One of the most interesting types of work was that undertaken for the education of men working in various industrial concerns. This programme was launched through patriotic employers and consists of a booklet for factory distribution, a poster for display purposes, a series of pay-envelope enclosures, and medical care and instruction for those infected. The scheme for educating employees has been taken up by a number of the large business organizations in the United States. Then an advisory board of nationally-known newspaper men was formed to pass upon and recommend articles for the press which has so scrupulously avoided this subject in the past principally because it was feared it might offend the prudish false modesty of its readers.

A section on Women's Work has had much to do with the education of women generally in the civil community. A great deal of their work has been accomplished through the Y.W.C.A. and other national women's organizations. It is interesting to note that it was recognized from the first that the venereal disease problem is essentially a civil problem and that unless it is taken up by civilians

generally very little can be accomplished. The film, "Fight to Fight," is now being shown by state departments of health throughout the United States. A similar film, "The End of the Road," previously mentioned, is also a part of the Government programme and designed to educate women in the dangers of venereal diseases is also being used generally before audiences of women.

A great deal still remains to be done in Canada. The venereal disease problem itself has scarcely been touched directly, notwithstanding the existence of legislation and no organized attempt whatever has been made to deal with the problem of prostitution. We know that clandestine prostitution exists on a large scale in Toronto, and other Canadian cities. Conditions in Montreal, which is the possessor of one of the most offensive "red-light" districts in America, are disgraceful. Conditions in other Canadian cities, particularly some cities in the West, are also very bad. Only recently agitation by a voluntary committee has resulted in the closing up of the "red-light" district in Lethbridge.

Voluntary committees have been at work in a number of places notably Toronto, Montreal, Hamilton, Halifax, Lethbridge and London. It is hoped that with the formation of a National Council for Combatting Venereal Diseases, a great deal will be done in the education of the public generally on the venereal disease problem itself, while a recent conference of Cabinet Ministers and health authorities, held in Ottawa, will do much to co-ordinate the working of the provinces. It has been announced that a Federal Department of Health is to be organized. This centralization of health activities will also be of great value. Under such a department a Social Hygiene Division should be formed, and I think that we can scarcely improve on the United States plan of asking for the co-operation of great national agencies, such as the Y.M.C.A., the Y.W.C.A., Knights of Columbus, Salvation Army, the National Mental Hygiene Association and the National Council for Combatting Venereal Diseases, when it is formed. A commission should be formed similar to the Training Camp Activities Commission, but designed to provide the normalities of life, not only for the soldier, but for the civilian as well. There are many factors to be dealt with, the matter of housing for young people in large cities, the providing of opportunities for young people of the opposite sex to meet under normal conditions, the matter of protective work for girls, the disposition of the feeble-minded girl—and of the girl whose moral and physical fibre have been injured by a life of prostitution, the teaching of sex hygiene, whether in or out of

school, the elimination of the unsupervised dance hall, and the provision of something to take its place. I understand that a conference will be called in Ottawa sometime in the near future to discuss the whole question. This conference should result in the adoption of a Social Hygiene Programme for Canada, which should yield most valuable results, not only in the elimination of venereal diseases from the community at large, but in the making of a safer, saner life for the young man and woman throughout the country.

# Tuberculosis Findings in a City Survey

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FRAMINGHAM, MASS., was selected for the Health and Tuberculosis Demonstration on the ground that it was a typical American industrial community. The results thus far have confirmed this presupposition. As to tuberculosis history in the past, Framingham presents all the aspects characteristic of an American city of the smaller size. This community, with a population of about 17,000, an industrial population of approximately 6,000, a 22 per cent. population growth in the last five years, and a percentage of foreign born of 27 (predominately Italian), has shown in the past tuberculosis mortality rates below the average for the Registration Area, and particularly for cities in the Registration Area. This fact, representative of communities of this size, has to be taken into consideration when the mortality findings are applied on a general national basis.

An analysis of tuberculosis mortality for the Registration Area in 1915, for which time the death rate for the area as a whole was 145.8 per 100,000, indicates that of 107 towns in the Registration Area with a population of more than 10,000 and less than 25,000 (twenty-five of which were in New England), 70 had a tuberculosis death rate below the Registration Area rate. These figures are presented at this time simply as an observation without an effort at complete explanation. For one thing, small town conditions are more nearly like rural conditions than are those of the larger cities, and the rates more nearly correspond in the smaller communities to rural rates.

On the other hand, while past tuberculosis death rates indicate a relatively low mortality from tuberculosis in Framingham, the results of the intensive work to discover tuberculosis in this community indicate that the disease is present to a greater extent than had previously been supposed, and that it can be discovered and brought under treatment if it is looked for with the proper community machinery. In view of the representative character of this

*From Monthly Bulletin, New York State Department of Health, March, 1919.

community laboratory, it is probable, further, that the findings in Framingham are approximately representative of similar urban and semi-urban communities elsewhere.

### Discovery of Tuberculosis.

For the past as well as for the future, the chief channels through which cases have been and will be discovered may be briefly indicated as follows:

1. In the first place, not properly classified as a channel of discovery, is the group of cases which were on record in Framingham at the beginning of the health demonstration.

2. Private medical practice has, of course, contributed a substantial number of the cases discovered since the beginning of the demonstration. Every effort has been made to enlist the co-operation and support of the local physicians, to encourage the early reporting of cases, and to elevate and standardize method of diagnosis and treatment with the help of a newly organized medical club.

3. The routine Board of Haelth dispensary work has continued throughout the demonstration.

4. The local draft board, with an exceptional medical personnel, assisted on chest cases by a health demonstration representative, has proved an unusually fine and, indeed, apparently non-penetrable "sieve" for the tuberculosis case, not one of the examinees passed by this board having been returned from cantonments as a positive or a suspicious tuberculosis case hitherto unrecognized.

5. The medical examination "drives" have proved a prolific source of discovery of tuberculosis cases, particularly in the arrested group.

6. The expert consultation service, developed subsequent to the first drive, and carried on in connection with the routine medical examination work of the Community Health Station, has constituted, next to the drives themselves, the greatest source of information regarding tuberculosis cases in Framingham, and has been chiefly responsible for the bringing under control of the active tuberculous patient. This consultation service is at the disposal of physicians or private citizens on all doubtful pulmonary conditions, and has proved to be so valuable an instrument in the discovery of the disease in Framingham, that there is a strong likelihood at present of its permanent extension on a State-wide basis under the auspices of State organizations.

7. The school medical examination work, under the direction of a full-time school physician with special experience in the clinical problems of tuberculosis, has added a number of cases to the Framingham list.

8. The infant clinic work has constituted another measure of protection for this particular age group.

9. The extension of full-time medical, nursing and clinical facilities to the factory population, while not yet complete in its organization, has also led to the discovery of a few tuberculosis cases.

10. As described in previous publications, there have been developed throughout the community a series of lay, neighborhood committees. These committees constitute a potential and, to some extent, functioning mechanism for the promotion of medical examination work, the detection of tuberculosis, etc.

11. Finally, from time to time it is the custom of the medical staff of the Community Health Station to review by nursing visit and medical examination, certain groups of cases that have been set aside as "suspicious." From these groups a definite diagnosis of tuberculosis is occasionally made. Into this classification would fall the cases classified as "suspicious" in the medical examination drives, the families in which tuberculosis deaths have occurred during the last ten years, the positive reactors in the tuberculin survey among children, the large group of undiagnosed cervical adenitis cases discovered in preceding medical examination work, the cases reported as having had influenza in the recent epidemic, etc.

For this work the health demonstration has maintained a staff consisting of one full-time expert consultant, and one or two nurses for special follow-up work. From time to time this staff has been supplemented, particularly during the medical examination campaigns, when as many as 25 nurses and 70 or more physicians have been engaged from out of town to assist in the special examination activities. For this work it was, of course, necessary to devise many special examination, history, laboratory, and other forms, all of which were reproduced in Monograph No. 4 on "Medical Examination Campaigns."

### Gross Number of Cases—Jan. 1, 1917, to Nov. 15, 1918.

The gross number of cases (excluding suspicious) which have come under the observation of the Framingham Health Station during this period includes 29 deaths (one arrested case, not from tuberculosis, but from influenza and pneumonia), 32 cases which have moved to other communities and in most instances are taking

treatment under other auspices, and 181 living cases under active observation or treatment at the present time. Twenty-two of the 181 cases are receiving out-of-town institutional care. This makes a total of 242 cases. The distribution of all of these cases according to stage is indicated in Table I.

TABLE I.
Current distribution of all cases.

| Groups | Early | | | Advanced | | | Convalescent | Arrested | | Cured | Dead | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Incipient | Early | Moderately advanc'd | Rapid | Slow | Stationary | | Advanc'd | Early | | | |
| In institutions | 1 | 3 | 11 | 1 | 3 | 2 | .... | 1 | .... | .... | .... | 22 |
| In town | 7 | 12 | 10 | 1 | 12 | 3 | .... | 10 | 104 | .... | .... | 159 |
| Total | 8 | 15 | 21 | 2 | 15 | 5 | .... | 11 | 104 | .... | .... | 181 |
| Moved | 4 | .... | 8 | 2 | 4 | 1 | .... | .... | 13 | .... | .... | 32 |
| Total | 12 | 15 | 29 | 4 | 29 | 6 | .... | 11 | 117 | .... | .... | 213 |
| Dead | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | 29 | .... |
| Total | 12 | 15 | 29 | 4 | 19 | 6 | .... | 11 | 117 | .... | 29 | 242 |

On January 1, 1917, there were under observation in Framingham 27 cases of all kinds. On November 15, 1918, this number had been increased to 181; 1916 was a reasonably typical year for Framingham previous to the demonstration, as regards known cases of tuberculosis. During that year there were altogether 40 cases under observation, while during 1917, the first year of the demonstration, there were under observation in all 185 cases.

During the decade 1907 to 1916, there were 133 cases reported to the Board of Health and 139 deaths. In 1916, there were 20 cases reported and 13 deaths. In 1917, there were 59 cases reported and 17 deaths, while to date in 1918 there have been 36 cases reported and 10 deaths. The large number of arrested cases among the 185 individuals under observation in 1917 accounts largely for the discrepancy between this figure and the 59 active cases which were really reported in that year.

The source of cases as they have come to attention may be indicated as follows:

| | |
|---|---|
| Previous known on January 1, 1917 | 27 |
| Medical examination drives | 96 |
| Draft | 13 |
| Consultation | 53 |
| Reports of private physicians | 40 |
| School medical work | 11 |
| Factory medical work | 2 |
| Total | 242 |

The findings of 1918 in contrast to those of 1917 would indicate that the work of the first year of the demonstration was successful in bringing under observation the great majority of advanced active cases in the community. If this comparison is based on the actually reported cases, which obviously means only active cases, it may be pointed out that in 1917, out of 59 cases reported to the Board of Health, a total of 25 were advanced, 10 of which died. This number (25) constitutes 42 per cent. of the cases reported during that year. In 1918 on the other hand, out of 36 cases reported up to November 15, 2 had died, and 5 additional living cases were discovered in an advanced stage. This number (7) constituted 19 per cent. of the total reported, in contrast to 42 per cent. in 1917. The 1918 advanced cases came to notice through miscellaneous channels, such as the draft, the school medical work, private medical practice, etc. Evidently fewer advanced cases are being discovered as the demonstration proceeds, and more cases are being reported in the early stage.

## Morbidity Rates.

In 1916 there were 40 cases in Framingham under observation, which is .25 per hundred in the population. During that year there were 13 deaths, or 3 cases to every death.

For the decade 1907 to 1916 there was an average of 14 deaths a year, which, on an arbitrary basis of 6 active cases to a death, should have meant for Framingham 84 active cases.

On the other hand, during 1917 there were under observation 185 cases or 1.09 per hundred in the population. There were 17 deaths or 11 cases for each death, including arrested cases. This figure for 1917 deaths is based on residents dying in or out of town, and excludes 2 non-residents dying in town in that year.

On a basis of the medical examination drives, the total number of cases and case rates for both active and arrested disease is indicated in Table II.

TABLE II.

Estimated number of cases and ratio of cases to deaths on a basis of medical examination findings.

| Drives | Number examined | Cases discovered | Percentage of incidence | Estimated cases for town | Cases per death | Percentage arrested | Estimated active cases | Active cases per death |
|---|---|---|---|---|---|---|---|---|
| First | 1,682 | 48 | 2.85 | 485 | 28 | 25 | 363 | 21 |
| Second | 2,791 | 48 | 1.72 | 293 | 17 | 83 | 50 | 3 |
| Combined | 4,473 | 96 | 2.15 | 367 | 21 | 56 | 161 | 9 |

It would seem reasonable to believe that the results of the combined medical examination drives are probably a safe basis, and at least a maximum basis upon which to place an estimate of the number of cases that ought to be found in a normal industrial community. Of course, a certain allowance must be made for the possibility of a chance variation in a single "sample" group, however representative the group appears. It will be observed that when arrested cases are included, there are 21 cases for every death. When active cases are considered alone, the ratio is 9 to 1.

### Mortality Rates.

According to the health demonstration analysis of the vital statistics for Framingham for the decade 1907 to 1916, the tuberculosis death rate for that period was 99.6 per 100,000 (see Monograph No. 3—Vital Statistics). However, during the early part of the demonstration, a careful sutdy was made by an expert from the Bureau of Labor Statistics in Washington, covering the last five years, to ascertain the degree of error in mortality certification with special reference to tuberculosis. To summarize briefly the conclusions from this study, it may be stated that sufficient error was discovered to indicate a probable material increase in the tuberculosis mortality rate for the decade. Consequently, it is believed that the *more probable figure* for tuberculosis mortality for the preceding ten years would be substantially in excess of 99.6 per 100,000.

For 1917, excluding non-residents, the rate comparable to the above figure is 99.0. A material reduction was experienced in 1918 when the rate was 74 per 100,000.

### Summary.

The main points emphasized by the foregoing data may be summarized briefly as follows:

1. The total number of cases under care since the beginning of the demonstration to Nov. 15, 1918 is 242.

2. While 27 cases were under care on January 1, 1917, this number was increased on November 15, 1918, to 181 cases.

3. During 1916 there were 40 cases under observation or treatment, a number representative of past conditions in Framingham; during 1917 this number was increased to 185.

4. During the decade 1907 to 1916, the number of cases reported annually averaged 14. In 1917 this number jumped to 59.

5. The consultation service has demonstrated itself to be a very superior instrument for the discovery of tuberculosis cases, particularly of the active type, and is a logical adjunct to the ordinary dispensary activity. It also serves materially to interest and instruct the physicians, stimulates the discovery of early cases and increases reporting.

6. During the past, known cases to deaths in Framingham have averaged 3 to 1. In 1917 the number was 11 to 1, including arrested cases. On a basis of the medical examination drives it is indicated that the total number of cases (including arrested cases) to deaths is 21 to 1, whereas the total number of active cases to deaths is 9 to 1. If it is assumed that Framingham should have a death rate similar to the registration area, the ratio of total cases to deaths would be 15 to 1 and of active cases 7 to 1. Of those examined, 2.15 per cent. were tuberculous.

7. Framingham is a typical industrial American community, and, on a basis of past mortality and morbidity records, is affected with, if anything, less tuberculosis than would be representative of the Registration area as a whole. On the other hand, the disease exists to a much greater degree than has hitherto been supposed, and can be discovered and brought under control if an intensive search is made for it.

8. An intensive survey of tuberculosis conditions will discover a large number of arrested cases that require a minimum of medical observation.

9. A large percentage of the early cases and of the arrested cases can engage in ordinary occupations, and can apparently do well under home observation and treatment.

10. The application of the Framingham findings to the United States as a whole would indicate that there are about one million active cases in the country at large and something over two million active and arrested cases. These figures are certainly minimum estimates, in view of the excessive amount of tuberculosis prevalent in the colored population of the Southern States.

11. The intimate knowledge of tuberculosis conditions in Framingham, together with the fact that the community suffered severely from the influenza epidemic, offers an opportunity of exceptional value for the study of the relationship of influenza to tuberculosis.

# The Federal Department of Health

EXTRACT FROM HANSARD REPORT ON THE DEBATE IN THE HOUSE OF COMMONS.

THE House again in Committee on Bill No. 37—Hon. N. W. Rowell—respecting the Department of Health, Mr. Boivin in the chair.

On section 4, subsection (h)—collection, publication and distribution of information to promote good health, and improved sanitation:

Hon. N. W. Rowell (President of the Council): While it is evident from this subsection that the Department of Public Health does not intend to go into the collection of vital statistics, it has been suggested that the matter should be made perfectly clear by inserting suitable words to indicate that the department will not duplicate the work of the Bureau of Statistics. This may be done by inserting at the beginning of the subsection the words, "Subject to the provisions of the Statistics Act."

I suggested the other evening that another phase of the work which is, perhaps, not fully covered by the subsection as it stands might be covered by the addition of the words "social welfare," but as objection was taken I did not press the point. I now, suggest, however, that the subsection be so amended that it shall read as follows:—

> Subject to the provisions of the Statistics Act, the collection, publication and distribution of information relating to the public health, improved sanitation, and social and industrial conditions affecting the health and lives of the people;

We all recognize that in future more attention must be paid to the health and physical well-being of those who are engaged in industry. In the past, emphasis has been placed on property; in future, emphasis must be placed more largely on life. The country is deeply concerned in all matters connected with the carrying on of industry that affect the life and health of the people. Information should be gathered and published touching that aspect of health as well as the more general classes of subjects which we include in the words "public health." The latter words of the amendment have been suggested to me by Mr. Moore, president of the Trades and Labour Congress of Canada, and I think the suggestion is a good one.

Mr. Trahan.—I submit that the words "and social and industrial conditions affecting the health and lives of the people" will empower the new department to legislate upon matters that are subject to the jurisdiction of Provincial Governments. The department may deal with conditions of health as applied to industries and with the conditions prevailing in the buildings wherein these industries are carried on. But when they are empowered to deal with social conditions as well, we have the same objection that we had to the inclusion of the words "social welfare" in this subsection. In the amendment which the minister proposes the idea of giving the department control over matters affecting social welfare is carried out—under different terms, that is all. For my part, I prefer the subsection as originally drafted, although I am disposed to accept the restriction imposed by the words "subject to the provisions of the Statistics Act," which, in my judgment, is a good one. I am in favour of the Bill, but I believe that there should be no encroachment upon provincial rights. In an article published on 19th March last, the Ottawa Journal-Press expressed the opinion that public health was a matter which, under the terms of the British North America Act, had been handed over to the province; that health, like education, was a provincial matter. It is desirable, of course, that there should be co-operation among provincial boards of health. But in drafting this Bill this committee should be very careful not to interfere with provincial rights, and I would, therefore, be quite satisfied if the minister who is in charge of the Bill would not insist on the words:

—and social and industrial conditions affecting the health and lives of the people,

I have the greatest possible admiration for trades and labour organizations, and I am a staunch supporter of every legitimate claim which is made by such organizations, but I feel it is my duty to decline to accept in a Bill a clause which in my opinion is an encroachment upon provincial rights.

Mr. Sheard.—I commend this clause very highly. I do not think it is possible to compass the objects of this federal Health Bill in any better way. The clause provides practically for a publicity department in connection with this enactment, and that publicity department has the duty of setting forth before the House and the public the facts relating to public health as they affect industrial and social conditions in this country. I can see where it will do a great deal of good in indicating the lines of progress along which the federal department of public health will proceed, and I really

cannot see wherein it could operate so as to encroach upon provincial rights and the autonomy of the provinces in this work in which we are all presumably interested. The clause is, I understand, intended to permit the federal health department to secure reports as to conditions in factories and workshops regarding ventilation, lighting and the evil influence which may result from dust contamination. These are all very important to workers. The department, I assume will also ascertain and make known conditions as to noxious vapours and poisonous fumes, which, in certain factories where large quantities of nitric acid and sulphuric acid are used, are very serious menaces to the workers, and also as to aerial infection of illuminating gas vapours and of the carbohydrates, some of which are extremely noxious. These, I take it, are some of the points concerning which it would be the duty of the department of health to investigate the facts. Then again, we have the great and all-important question of the ages at which children are working in factories where the conditions in employing child labour are, from a sanitary standpoint, far from satisfactory. The hours are often such as to retard the right and healthy development of child workers, and in some parts of this Dominion, notwithstanding the present enactment in force in this country, there are many children under age who are working under unsanitary and unsatisfactory conditions, in factories and rooms that are dark and ill-ventilated, and these conditions ought to be known to the Government and to a federal health department. I consider this clause is designed to bring the facts before the public, and by informing the public generally we may hope to remedy conditions which I am sure no member of this committee would willingly have continued. I think the clause will be in its effect a distinct benefit in the working and development of this federal health department.

Mr. DuTremblay.—I think in the case of a doubt such as exists in regard to this amendment, the Government should put in a proviso that no such regulations will be put into force without having first received the approval of the Board of Health of each province.

Mr. Rowell.—I think my hon. friend (Mr. DuTremblay) misunderstands the clause, and I think the hon. member for Nicolet (Mr. Trahan) also misunderstood it. This deals only with collecting and distributing information in connection with industrial conditions. There is no power to legislate at all, and this does not, therefore, infringe upon provincial rights.

Amendment agreed to.

On subsection (i).—such other matters as may be referred to the minister by the Governor in Council.

Mr. Papineau.—Will the minister explain the meaning of this clause?

Mr. Rowell.—Let us take the illustration I gave my hon. friends the other evening, the question of administration of such a fund as the Government's fund to aid in housing. That has a very close relation to the question of public health, and at present it is being administered by a committee of the Cabinet. I should think it would be a very appropriate thing for the Governor in Council, if they saw fit, to entrust the administration of that particular branch of the public service to a department like this, and, therefore, power to do so is given. There are at the present time certain departments dealing with matters that more or less intimately affect the public health in certain aspects of their work. These Acts are not mentioned in the schedule because there may be a difference of opinion as to whether the administration of those Acts which touch a certain aspect of public health should be entrusted to this department or not, or whether the administration should be continued under the existing departments. This would simply permit the Governor in Council to transfer to this department the administration of certain branches of work closely connected with public health which are now being administered by other departments of the Government.

Mr. Papineau.—Section 4 reads:

> The duties and powers of the minister administering the department of health shall extend to and include all matters and questions relating to the promotion or preservation of the health and social welfare of the people of Canada.

All the necessary powers seem to be included in this; and I cannot therefore see the need for Orders in Council. The minister says he may decide this and that, but all powers are stipulated in this clause.

Mr. Rowell.—If we have all the power already in the first part there can be no harm in having it in the second. It simply indicates the method by which the power can be exercised; it must be exercised by Order in Council. To give an illustration: The Department of Indian Affairs has a medical branch having the medical care and supervision of the Indians on our reserves. It is not proposed by this Bill at the present time to transfer the administration of that branch of the service to this department, but it might be considered desirable in the future to do so and provision is made

by which it may be done. Clause 4 is quite broad enough to cover all power—this provides machinery by which a certain aspect of work carried on in one department may be transferred to another.

Mr. McKenzie.—Subsection (i) gives the minister authority in "Such other matters as may be referred to the minister by the Governor in Council." If that were found in any law referring to the Department of Railways we would know at once that the word "Minister" meant the Minister of Railways, but in this matter there is no minister. The President of the Council told us the other night that this was to be merely a branch of some department, or at least that it would be under some present minister. As there does not seem to be any special minister in connection with this work this clause is not very significant.

Mr. Rowell.—The hon. member will see that section 2 provides that there is to be a Department of Health, "over which a minister of the Crown to be named by the Governor in Council shall preside." That is the minister referred to in subsection (i). If my hon. friend would prefer, the word "department" might be substituted for the word "minister."

Mr. McKenzie.—I think there is a great deal in what is said by my hon. friend from Beauharnois (Mr. Papineau), that this country is getting somewhat tired of Orders in Council. Orders in Council are good things sometimes, and so is a little whiskey, but there is such a thing as abusing whiskey, and certainly such a thing as abusing Orders in Council, and the people of Canada are anxious to have as little business done by Order in Council as possible. I think it would be well if the President of the Council could embody in this Act specifically and clearly the powers that are proposed to be given, leaving no latitude for Orders in Council. By Orders in Council we are having legislation that is very extraordinary. For example, we had to-day before us legislation which had to deal with $350,000,000 and, to our consternation, it was found that the whole thing, or practically the whole thing, had already been settled by Order in Council. The same remark applies to the housing scheme, involving an enormous sum of money. It came before the House as a matter of form, but in reality an Order in Council had settled the whole matter. And in regard to the question of highways, I understand that when the premiers of the different provinces were here, an expenditure of some $20,000,000 was made by Order in Council. These matters are brought before the House and we are just used as a sort of rubber stamp to say automatically, "That is all right." I think

it is time we got back to the good old way of submitting to Parliament in its early stages, or at its inception, every question of importance, particularly in connection with the expenditure of moneys. There is an old story that in Scotland they used to hang people first and then try them afterwards, and it does seem that that is the attitude of the Government in regard to important public questions. When the thing is all settled and there is no remedy, they submit it to Parliament. We on this side of the House at all events are getting tired of Orders in Council and desire specific enactments so that we may know exactly what we are doing, and that we are not delegating power to somebody else to make laws which perhaps we would not make if we had a say in the matter ourselves. We are anxious to help the minister to put the Bill through, but its provisions should be made specific and definite. If the amendment which the minister substituted for clause (h) simply means the collecting of information, and has nothing to do with administration, I have no objection to it; but if the new clause contemplates administrative powers it certainly is objectionable. In the province from which I come, we have large coal mines, and the regulations in connection with the sinking of shafts, the ventilation system, and everything else, touching the interests of thousands of men working in these mines are clearly within the jurisdiction of the local legislature. The Mines Regulations Act of Nova Scotia is as complete as any of its kind in the world. If there is to be any executive operation in connection with the clause which the President of the Council has substituted for clause (h), it should come within the jurisdiction of this House.

Mr. Lesage.—I understand that this Bill will enact a law that will receive the co-operation of the provinces, and it seems to be understood that there will be no infringement of provincial rights. With regard to section 4, it seems to me that everything is covered and there is no need to enumerate such matters as are there dealt with. There you have covered everything in connection with these subsections, and the specification of all these matters will result in trouble with reference to provincial rights. Amongst other things, you mention child life and child welfare. That is a clause that I shall not discuss just now, but it is a very delicate question, and the power here conferred should be applied with great discretion having regard to provincial rights. In every province there is a great deal of work done in regard to child life and child welfare, and I think that it is within the right of the province to look after such matters as these. This matter in particular has to do with the

school system and the habits and customs of the people in the different provinces, which should be entirely within their jurisdiction. As far as the other matters are concerned, it seems to me that they could be safely left to the Dominion Council of Health as it will be constituted. If you leave in this Bill a clause of this kind reserving to the deputy minister the right to modify or change certain conditions of his own accord subject only to Order in Council, I think it will certainly interfere with provincial rights, and instead of being an Act to help the provinces to promote the welfare of the people, it is more likely to bring confusion and prove a detriment rather than an aid to public health. I would therefore suggest that this clause should be amended and made more definite in its meaning.

Mr. Sheard.—When we had this Bill last under consideration, we submitted a clause which I understood was to stand for further consideration. I would like to ask the minister if he has that clause in mind and if he proposes to incorporate it in this Bill. The clause that I submitted was this:

> Provided that nothing in this Act shall authorize any officer or authority created by or appointed under the authority of this Act or under any regulation made hereunder to exercise any jurisdiction or control over any provincial health officer or any provincial or municipal board of health or other authority operating under the laws of any province.

Mr. Rowell.—I had intended suggesting that the clause moved by my hon. friend from South Toronto (Mr. Sheard), slightly modified, but not changing its effect, should go in as a paragraph immediately following subsection (i). I think it will meet all the objections that have been raised. It would come in as subsection (j), and what I propose would read as follows:

> Provided that nothing in this Act or in any regulation made hereunder shall authorize the minister or any officer of the department to exercise any jurisdiction or control over any provincial health officer or any provincial or municipal board of health or other local authority operating under the laws of any province.

There is no desire or intention to interfere with the local authorities. There is not the least objection to putting that in as an additional clause.

Mr. Beland.—Is the wording the same as that of the clause submitted by the hon. member for South Toronto?

Mr. Rowell.—It is slightly different in wording but the effect is the same. The phraseology is slightly changed.

Mr. Beland.—What is the change?

The Chairman.—I do not like to interfere but I must remind the committee that subsection (i) has not yet been adopted.

Mr. Beland.—I know, Mr. Chairman, that we are anticipating. I would object to the carrying of this subsection (i) if no other amendment is going to be adopted by the committee, but if the amendment that we have been speaking about is adopted by the minister I would not have any objection to the subsection. I would say that so far as the amendment proposed by my hon. friend from South Toronto is concerned I really have no choice.

Mr. Rowell.—I am quite content to accept the form moved by the hon. member for South Toronto. The amendment I submit is a little broader in that it specifically names the minister.

Mr. Beland.—I would rather have the amendment of the minister.

Mr. Rowell.—I am quite content that this should be inserted as subsection (j) and I should think that if that is done there should be no question about subsection (i).

Mr. McKenzie.—I submit that this amendment should not come immediately after subsection (i), but immediately after section 5.

Mr. Rowell.—There again I am quite willing to meet the convenience of the committee. I think it would be a proper subject for a clause. It probably should not be lettered, but should be a proviso to goven the whole section. I think that would be better than to put in as a part of section 5.

Mr. McMaster.—I would think it would come in best as section 6. Section 5 provides for power to make regulations; it would be well to have the saving clause follow the other clauses dealing with the powers given to the minister or his deputy on anybody else under the Act.

Mr. Rowell.—Perhaps my hon. friend's suggestion is the best one of all. Leave out the proviso and make it a distinct section reading:

Nothing in this Act or in any regulation—

And so on. Let 6 stand as it is; make this new section 7, and then let 8 follow that.

Mr. McMaster.—Let it come before 7, because 7 is simply a section dealing with the report.

Mr. Rowell.—Quite so, make it 7, and then 7 will become 8.

Mr. Trahan.—I come back to subsection (i). If I understand the minister he wants to give the Government power to transfer from other departments to this department matters concerning health. Would it not be well to limit the powers conferred upon the Governor in Council to the matters dealt with in this Act. I

would suggest adding after the word "matters" the words "concerning health."

Mr. Rowell.—I would be quite willing to insert in this clause after the words "such other matters" the words "relating to health."

Mr. Trahan.—Very good.

Mr. Rowell.—I think it means the same thing.

Mr. Trahan.—But as at present worded the paragraph is not limited in its effect.

Mr. Rowell.—Then I would move to amend the paragraph by adding the words "relating to health."

The Chairman.—The paragraph will now read:—

Such other matters relating to health as may be referred to the department by the Government in Council.

Amendment agreed to and paragraph as amended agreed to.

On section 5—Regulations.

Mr. Sheard.—Before this section is adopted I would like to point out that there was an amendment submitted by the hon. member for Muskoka (Mr. McGibbon) regarding the establishment of a bureau of scientific research with hygienic laboratories. I think this is a proper place to introduce an amendment of that kind; I certainly would not like to see it left simply as a matter of condition or regulation; I would like to fix responsibility for the creation and operation of such laboratories upon the Deputy Minister of Health, whoever he may be, to administer and be responsible for. I have said before, and I need hardly repeat, that I can imagine no great advancement, nor any great benefit, is being likely to result from the operation of the Federal health law, unless—as it is a pivotal point of operation—the work of a scientific hygienic laboratory goes on in connection therewith. I would ask the minister if there is any provision in the Bill for this particular branch of work?

Mr. Rowell.—As I pointed out the other evening when the Bill was introduced, it appears to me that the general powers given by section 4 are broad enough to cover the establishment of such a bureau of scientific research, or at least of a laboratory for research purposes, and that all that would be necessary in that event would be for the Government to bring down an appropriation for the establishment of such a bureau, or for the building of a laboratory for research. My hon. friend from Muskoka did move an amendment, his view apparently being that there should be an express provision in the Bill dealing with the matter, and that amendment stood over for further consideration.

Mr. Sheard.—I want to remind the minister that this matter has been previously before the Government. In October, 1910, a meet-

ing of the Commission of Conservation was held, presided over, I believe, by Sir Edmund Osler, when the establishment of a national public health laboratory was recommended. The recommendation was forwarded to the Privy Council, and the report of the Committee of the Privy Council (P.C. 601) dated March 27, stated that a laboratory was to be established, and the sum of $25,000 was provided for that purpose. There, so far as I can trace it, the matter ends. I think it was transferred to, or planted in, the Department of Agriculture, but so far as I have been able to ascertain, it has not borne fruit. Yet in the broad scheme of conservation there was abundant provision under the regulations of the Commission for this work, and money was provided in a limited and ineffectual degree for carrying it on. However, it seemed to die from inanition or inaction. Now that is exactly what I want to provide against by urging the insertion in this Bill of a clause which shall state specifically that the deputy minister of health shall be responsible for establishing and continuing such a bureau of scientific research and investigation as will relate to the entire field of health matters. If that is done there can be no possible evasion of responsibility, and if the work is not carried out in a satisfactory way we shall have an opportunity in the House when we are considering the annual report to point out where this officer has neglected his duty. If we do this we shall be in a position to insist that this work be carried out without further delay, and it will not be left as a mere matter of regulation with all the uncertainties attendant thereon. There is not a department of health worthy of the name in any civilized country that I know of, that has ever rendered any real service, but has based that service upon a series of laboratories whose work has prompted all further activity and improvement. If we are going to run this department upon proper scientific and progressive lines we must have that laboratory, and provision for it must be made in such a manner that there will be no possible way of avoiding its creation. That is what I have in mind, and that is my reason for urging, with all the emphasis at my command, that such a provision should form an integral and important part of this enactment.

Mr. Peter McGibbon.—I want to emphasize the statements which have been made by the hon. member for South Toronto (Mr. Sheard). It does appear to me that to have this Bill go to the world in its present shape, without any provision for the establishment of a department of scientific research, would be to cause it to be looked upon, by every sensible man who knew anything about

the matter as more or less a joke. It would appear to me that without this provision the only use the Government could make of the Bill would be to provide an office for some political friend—I do not know what other use could be made of it. It passes the imagination of man to know what use a department of public health would be in this age of the world without scientific laboratories. If all these clauses had been omitted from the Bill I could see some excuse for omitting any reference to a department of scientific research, but when we deliberately specify certain things that we want the health department to take up, and leave, as I said the other night, the very heart and soul out of the measure, I really cannot see what advantage there is from a Dominion standpoint in passing this Bill at all. Departments of scientific research are very potent in the world to-day, there is no gainsaying that. They are the "end-all" of everything, and these undertakings have passed the stage where they can be left to private individuals, or even to provincial governments, to carry out. Nowadays their operation involves a large amount of money. The outlay will amount in the aggregate probably, in the next ten years, to from $500,000 to $1,000,000 if this country is going to do this work properly. To my mind there is nothing which Canada needs so much to-day as it does the paying of keen attention to the scientific aspect of matters which pertain not only to health but to the business of the country.

We have during the war seen how terribly we were handicapped by the advanced science that was brought to bear in a practical way by the different enemy countries. There is no question at all that their scientific knowledge prolonged this war immensely. We in Canada have been slow in following up the scientific side of research, we have not grasped its great importance either in the commercial sense or in the sense of the preservation of health. I would not like to see this Bill pass out of this House as the finished product of our mature judgment without the main thing for which this department is to be created being even mentioned.

Mr. McMaster.—On this side of the House we have not been endeavouring to restrain the zeal and enthusiasm of the hon. minister in charge of this Bill, we have merely been trying to keep it within the proper constitutional channels. Therefore it is well, perhaps, that a word should be said from our side in support of the measure along the lines suggested and urged by the hon. member for South Toronto (Mr. Sheard) and the hon. member for Muskoka (Mr. McGibbon). As a member of the same profession as the President of the Privy Council (Mr. Rowell), I quite agree

with him that the establishment of a research bureau would fall under the general terms of the beginning of section 4; but it seems to me that it would give a good impression throughout the country if we made it perfectly clear that such a research bureau or laboratory was to be instituted. I was reading the other day that the discoveries of the great chemist Pasteur had brought sufficient wealth to France to offset the whole of the indemnity that she had to pay Germany after the war of 1870. It would appear to me that the hon, minister might meet the views of those who support the Bill. because he is in the happy position of promoting a measure which meets with universal approval; we are all trying to get to the same end; some think it might be better gained one way, some another way, but as to the purpose of the Bill there is no difference of opinion. Therefore I would suggest to the hon. minister that he might very properly declare, en toutes letters, as we say in our province, that is in set terms, that we are going to have in Canada such a bureau or laboratory of research as has been most eloquently urged by the hon. member for Muskoka, who, as a member of a very learned profession, medicine, is much better able to talk with authority on these things than a mere lawyer.

Mr. Steele.—Much has been said in the support of a laboratory in connection with the Department of Public Health with which I heartily agree; in fact, I would go so far as to say that a Department of Public Health without the facilities of a laboratory is out of date before it is established. But I do not find myself in hearty agreement with the advocacy of such a laboratory as has been suggested this evening. I believe that what we ought to have in Canada is one great national laboratory, a laboratory which would carry on the work required for industrial and scientific research; a laboratory with which could be associated the laboratory we now have in connection with our Inland Revenue Department, a hygienic laboratory, and a laboratory which would take up every work which will be required in Canada in the future. I believe that to insert this clause in the Bill at the present time would simply have the result of establishing one more branch laboratories in connection with our national work. To my mind what we want is to co-ordinate the laboratories which we now have, and add such a branch as has been suggested to carry on the health work. But before that is done, I concede, the Government must give a good deal of consideration to it, and I sincerely trust that within the next year a great national laboratory will be established, following the system and plan of the Pastuer Institute of Paris and the great laboratory at Washington. I would therefore advocate that the Govern-

ment omit this from the Bill at the present time and take into consideration the establishment of such a laboratory as I have suggested.

Mr. Cowan.—When I first saw this Bill I searched through it for some mention of a laboratory, because I could not imagine that we could have a Health Department established without it. I must confess that at my first reading I was not able to find any provision for it, but on going through the Bill again I came to the same conclusion as the hon. minister, that one of the clauses covered the point. I think, however, that it would be very much better for us to definitely state that such a laboratory is to be established. Because, Sir, I cannot imagine the hon. minister wanting this department to be a failure, and without a laboratory—and a better one than anything we have in the Dominion to-day—it is certainly going to be a failure. If you establish such a laboratory as has been proposed you will immediately rally to the support of this department the entire medical profession of the Dominion, and otherwise I doubt if you will get its support to any great extent.

Although I am not of the medical profession,—I am one of the allied professions,—yet I have had a good deal to do with the medical profession in Canada, and I cannot subscribe to many of the criticisms in the press these days of the medical profession and their relation to this health department. I have always found them a very progressive body, and I think they have made more progress than any other profession—except, of course, the one I belong to and which claims my loyalty—and I am confident that the medical profession of Canada are equal to the medical profession of any other part of the world. Of course, if we expect them to maintain their position we must give them the opportunities to continue their progress. Therefore I say we should make up our minds to establish this laboratory at the earliest possible time. If that is to be done, there is no reason why it should not be so stated in this Bill, for then you will immediately get the sympathy of the medical profession throughout Canada and at once make it a success. I suggest that this be done, and I support as strongly as I can the position taken by the hon. member for South Toronto.

(*To be continued.*)

# The Social Background

## Principles of Relief

### PRIVATE VS. PUBLIC.

The Rev. P. J. Bench, Superintendent, Catholic Charities.

THE normal family in the community is self-supporting. There are families, however, who for one reason or another are not self-supporting, but are dependent on others for the mere necessities of life. This dependency, according to the circumstances whereby it was produced, may be either temporary or permanent. So long as those in distress can be relieved by relatives or kindly disposed neighbors, the matter is usually not one of general social concern, but when by force of circumstances the needy are obliged to turn to strangers for assistance, the matter then becomes of vital interest to the community as a whole. The social conscience of the community is then aroused to a realization of its responsibility to relieve distress, and not only to give emergency relief, but to devise and formulate effective and curative methods of relief for its dependents.

By community, I do not only refer to that rather impersonal entity known as the municipality, but also to the component social and relief-giving organizations which make up the soul and shape the social conscience of the community.

Given families that are not self-supporting, that are in need or in distress, we are at once confronted with the problem of relief, at least in those centres which are sufficiently advanced in civilization to recognize their social obligations.

In the feverish evolution of our modern social and industrial life, the problems of destitution and relief that confront us in both our individual and collective capacity, steadily loom larger and larger, and increase in extent, complexity and intensity. In our efforts to grapple with these problems our machinery grows not only in size and extent, but also more varied and complex in character, scope and purpose, until to-day we find in nearly all our large cities a multiplicity of agencies, private and public, working in the field, always with the best of intentions and actuated by lofty motives, but frequently at cross purposes, through lack of a well-defined relief policy.

The question now arises whether from this maze of supply for relief, with the many deserving and undeserving applicants for

assistance, a definite policy can be evolved which will serve as a guide for those willing to assist and be a social beneficence to the recipients of relief. We think such a policy can be evolved.

In the first place let us take stock of our sources of supply. On looking over our Relief-giving agencies, we find some are organized for the purposes of giving only *temporary* relief and are dependent for support on the generosity of individuals. Others are prepared to give *permanent* relief and are supported by the municipality, or the Government, or by both. These agencies, according to resources and purposes of organization, naturally fall under two main headings, viz.: Private and Public. Having reduced all the agencies in the field to two classes, it should be comparatively easy to assign to each the cases and problems that each is capable of handling. In a general way it may be stated that to private charity should be assigned the more delicate and difficult tasks, such as readjusting defects of character and giving temporary relief, while to Public charity should be assigned the responsibility of the more extreme forms of distress, such as virulent disease and insanity, and in general all cases requiring permanent relief in institutions.

In every community there is room for both public and private agencies, although there should be the closest possible co-operation where both exist.

Now as a fundamental principle it must be laid down that a sound relief policy demands, that a clear line of demarcation be drawn between those who are and those who are not to receive aid, and, further that whenever possible, the assistance given should be of such a nature as will increase the earning capacity of the needy and so make further aid unnecessary. When, however, the inability to be self-supporting is permanent and unavoidable, the assistance must likewise be adequate and permanent.

This presupposes that careful enquiry should always be made into the circumstances and conditions of those in distress, and that the best method should be sought by which to give not only immediate relief, but also where possible to remove the cause of distress. The aim in all cases is not merely to relieve but to cure, not to patch but to restore, and when such cannot be accomplished then adqeuate and permanent relief should be supplied.

From the nature of things the private agency is usually the first to be approached by those in need of assistance, and I cannot do better than here repeat the principles laid down by Dr. Devine, who is one of the foremost authorities in the field of organized charity, for the guidance of such agencies.

If fraud is to be eliminated and good constructive work accomplished, these fundamental principles should be observed:—

1. Discrimination based upon full knowledge;

2. Disciplinary treatment of those who are criminally responsible for dependence;

3. Relief with intelligent oversight for those who cannot maintain a normal standard of living;

4. The refusal of all charitable support to those who can.

It is no part of a relief policy to be directly concerned with elevating the general standard of living, but it is a vital part of every sound relief policy to guard against the vicious principle of encouraging directly or indirectly, the payment by employers, of a wage that will not support a family at the normal standard of living.

Everyone in this audience who has given the slightest thought to the question, knows that we are living under artificial economic conditions, the direct results of which have been that wealth greater than the world has ever known is held in the hands of the few; that the cost of living has advanced; that in a thousand gatherings over this great land men mutter their discontent; false leaders have arisen and false doctrines are taught, and socialism is spreading, and that as the struggle for existence grows keener, the weaker units in the world go down and their families go down with them.

There are unscrupulous and unprincipled employers of labor who would not hesitate to pay a wage below the normal self-supporting standard, in the expectation that the deficiency will be made good from charitable sources. Such a vicious practice cannot be too strongly condemned and relief-giving agencies should be no party to its encouragement and continuance.

To sum up it would seem that the field for private relief-giving agencies, although large at present, should rather be extended than rstricted. Private relief should do everything possible to readjust and rehabilitate those in distress, and public charity should co-operate with voluntary charitable agencies and stand ready to relieve all serious want which is not met by them.

The limitations and defects of public charity are well known. Without the assistance of private relief, organizations, public relief tends to become mere officialdom and the springs of Christian compassion either dry up or flow into harmful channels. It is almost inevitably more mechanical and less sympathetic than private charity; it is more wasteful, not only because it is less carefully administered, but also because people are more inclined to

claim public relief as a right, and inasmuch as the funds are raised by taxation, the individual gradually loses his sense of personal responsibility towards the unfortunate.

To conclude—it would seem that the general principles underlying the whole problem of public relief, are these—instead of assuring everyone a living the State ought to so regulate economic conditions that every person able to obtain a livelihood by labor should have that opportunity, and that those who are permanently incapacitated should be cared for in institutions.

## Report of the Ontario Housing Committee

THE report of the Ontario Housing Committee has recently come from the printers' hands. Containing as it does the last word on the housing situation in Ontario, it will be received with interest. Justice cannot be done to the report in this brief review, but at least it will serve to call attention to the phases of the problem dealt with in the report.

THE NEED.—It was as a result of action taken by the Great War Veterans, the Toronto Board of Trade, the Manufacturers' Association and Organized Labour, that an order-in-council was issued on June 7th, 1918, authorizing the formation of the Ontario Housing Committee "to enquire into and report upon the housing situation and to make such suggestions and recommendations as the circumstances may admit and the said Committee may deem proper."

The first step in seeking a solution of the housing problem was to ascertain the extent to which a shortage existed. A circular letter was addressed to the various urban municipalities in the province, asking for particulars of the housing situation. Replies from thirty-five municipalities and applications for information as to the terms and provisions of the Provincial loan, from twenty-five other municipalities, recognized and admitted the need.

The demand was found to be for houses of from four to six rooms substantially built, but within the financial reach of the working man. A comparatively large supply of seven, eight or nine-roomed houses has resulted in the too prevalent custom of subletting.

PUBLIC POLICY IN HOUSING.—During the past fifty years, there has been a growing recognition of the final responsibility of the State for the housing of its people, which idea has found definite acceptance in all progressive countries.

Building on the part of companies for their employees is another solution advocated. This movement owes its origin to the recognition by employers that housing conditions very directly effect both the amount of work accomplished and the length of time men are prepared to stay with a job.

The ideal system toward which housing policy seems to be moving, is that of co-operative construction and control, combined with municipal and governmental provision of loans at the lowest current rate of interest.

The Ontario policy admits of the use of this co-partnership method. One of the most advanced pieces of housing legislation on the statute books of any country is the Ontario Housing Accommodation Act of 1913. Under this act, as amended in 1914, if a municipal council of a town or city is satisfied that additional housing accommodation for those living and working in the municipality is urgently needed, the council may guarantee the bonds of a company incorporated under the Ontario Companies Act to the extent of eighty-five per cent. of the value of the land and housing accommodation and improvements, the remaining fifteen per cent. to be provided by the company. The municipality provides no capital but lends its security to eighty-five per cent. of the undertaking. The company must satisfy the municipality that the main purpose is to supply a need for additional houses, and not to make profits; it must not declare dividends of more than six per cent, on the capital stock, and the books of the company at all times shall be open to inspection by the municipal council, which may appoint the directors.

The only company formed up to the present in Ontario has been the Toronto Housing Company. It is responsible for two attractive developments, comprising 242 apartments and eight houses. The outbreak of the war prevented the Company from carrying out its plans.

LAND AND TAXATION.—The report makes a very clear statement regarding the land problem, and discusses the various advantages and disadvantages of the following schemes for a solution of the problem.

1. Partial or total exemption of improvements with a resultant increase in the taxation of land values.

2. Payment to the State of part or all of the unearned increment when the land is sold.

3. A third method admits the same principle as the second but is equally effective if the property is not sold. It consists in taxing such increment to an amount equivalent to a reasonable interest.

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3. A third method admits the same principle as the second but is equally effective if the property is not sold. It consists in taxing such increment to an amount equivalent to a reasonable interest.

4. Some measure to secure that owners declare the real value of their land and that when land is wanted for public purposes, including housing schemes, they may be made to accept approximately this price.

SOCIAL ASPECTS OF HOUSING.—A realization of the fact that families naturally tend to accommodate themselves to the character of their environment, has prompted municipalities and public-minded individuals to attempt to wipe out slum areas, and re-house the residents under proper conditions. Liverpool undertook to do this with a slum district. The scheme involved an expenditure of £1,250,000, but results amply justified the expenditure. Under the new conditions the general death rate fell by more than one-half, and the average annual death rate from tuberculosis from 4. to 1.0 per 1,000.

Individual cases of bad housing are due largely to two factors: inadequate wage to provide proper housing accommodation and a positive lack of small inexpensive houses which are at the same time comfortable and sanitary. As a result, the workman is compelled to occupy (1) an unsanitary house, or (2) apartments, or (3) a larger house than he needs, part of which he must sublet to families or lodgers.

The unmarried workers still further complicate the housing problem. The Dominion Council of the Y. W. C. A. and the Big Sister Association have brought their needs directly to the attention of the Ontario Housing Committee and urge that accommodation be provided in establishments built for the purpose and properly supervised.

In order to secure definite information from social workers regarding housing conditions, a questionaire prepared by the Ontario Housing Committee was distributed through the co-operation of the Social Service Council and the Neighborhood Workers' Association. The information received from Toronto where the work was organized by Mr. F. N. Stapleford, Secretary of the Neighborhood Workers' Association, who had the city divided into sixteen districts, was particularly complete. Six of the questions submitted were.

1. To what extent are families doubling up when they should be living singly?

2. To what extent are families living in single rooms?

3. To what extent are families taking in borders with bad results?

4. Has the tenement evil developed in your locality?

5. Are many people living in houses which should be condemned and are allowed to remain in use because of a shortage of houses?

6. Is rental taking more than 20% of the income in many cases?

The answers to these questions as given in the Report present not bald statistics but really interesting facts.

A very careful survey of sections of Toronto was made by members of a class of the Social Service Department of the University of Toronto, under the direction of Dr. W. A. Riddell. Districts of single family houses were selected for investigation and the part known as "The Ward" was not touched. In order to secure a cross section of the city the work was done on streets running north and south. Every tenth house was visited and data was made available concerning 348 houses.

To obtain an adequate conception of the conditions revealed by this investigation, the Report itself must be read. It might be stated, however, that perhaps the most striking feature on the investigation was the revelation of how large is the percentage of houses occupied by more than one family. Overcrowding may take two forms. The more obvious is that producing what is known as slum conditions where members of the same family are compelled to live together in crowded quarters. The more insidious form, that of subletting to roomers or families is becoming increasingly common.

From the information obtained from all sources it would appear that the most widespread form the housing evil takes, is the occupation of dilapidated houses or those lacking proper sanitary conveniences.

RURAL HOUSING.—The Report devotes an entire chapter to this important subject, leading up to these conclusions.

(1) That financial assistance should be available to farmers on terms similar to those obtaining in the case of lot owners in urban municipalities except that where the security is ample, the Province may loan directly to the farmer acting through the District Representative of the Department of Agriculture.

(2) That plans and specifications not only of labourers' cottages, but also of farm houses should be available at a nominal fee on application to the District Representative of the Department of Agriculture or to the Department itself.

(3) That an investigation should be made into the available sources from which a supply of the three classes of farm labor may be obtained, namely (a) that hired by the year; (b) that hired for the summer months; (c) that hired by the day, and a policy of

stimulating and regulating the supply of agricultural labour based on the result of such investigation, should be complementary to the encouragement of the building of houses to accommodate such labour.

TOWN PLANNING.—This subject is considered from various view points and the following recommendations made:

1. That the Provincial Government provide an advisory staff of experts whose duty it will be to assist municipalities entering upon town planning schemes and to ensure the adequate carrying out of such schemes.

2. That a town planning educational campaign through the press, moving picture theatres and literature issued by the department for distribution in the municipalities, be inaugurated by the Provincial Department of town planning.

3. That co-operation be sought between the town planning department and the Department of Education to the end that in our schools the case for town planning in its essentials may be incorporated in the present study of civics in order that our young people may realize the relation between town planning and good citizenship; and that the Universities of the Province establish courses of study for the training of men and women in municipal affairs, said courses to include sanitation, public health, assessment valuation, engineering, surveying, municipal accounting, civic transportation, architecture, industrial organization and general town planning.

4. That within a fixed period of time, town planning be made obligatory for all urban municipalities in the Province.

WHAT CONSTITUTES A HOUSE.—With the appropriation by the Ontario Government in July, 1918, of two million dollars for housing, and that of twenty-five million dollars by the Federal Government, in the following December, it became necessary to determine the type of house to the building of which the State should lend its aid. Careful investigation of living conditions has established certain requirements as essential and others as desirable. These requirements are discussed in detail in the Housing Committee Report.

The Appendices which make up about one-half of the Report, deal with vital points in connection with the housing and include a score or more of excellent illustrations beside 35 drawings of housing plans. Altogether the Report is one which will repay careful study. A copy may be obtained by applying to the Secretary of the Ontario Housing Committee.

M. FLEMING.

# C.A.M.C. News

## MONTH OF APRIL, 1919.

### APPOINTMENTS.

Major Julian Southworth Boyd is appointed under the A.D.M.S., Embarkation.

Capt. Harry Clyde Robertson is appointed under the A.D.M.S., Embarkation.

Capt. Frederick Grant Banting, M.C., is posted for duty under the A.D.M.S., M.D. No. 2.

Colonel Samuel Hanford McKee, C.M.G., is posted for duty under the A.D.M.S., M.D. No. 4.

Lieut.-Colonel William Wylie Nasmyth, is appointed under the A.D.M.S., Embarkation.

Capt. Donald Alexander Warren, M.C., is posted for duty under the A.D.M.S., M.D. No. 2.

Capt. (a.-Major) John Johnston, is posted for duty under A.D. M.S., Sanitation, M.D. No. 1.

Capt. Lawrence Roy Shier is posted for duty under the A.D. M.S., M.D. No. 10.

Lieut.-Colonel David King Smith is posted for duty under the A.D.M.S., M.D. No. 2, on ceasing to be employed as Officer Commanding Davisville Military Hospital.

Major Allan Beech is posted for duty under the A.D.M.S., M.D. No. 11.

Capt. John James Danby, from D.D. No. 3, is posted for duty in the Directorate of the D.G.M.S., Ottawa, vice Major Garnet Greer.

Major Louis Wellington MacNutt is posted for duty as Officer Commanding Charlottetown Military Hospital, vice Lieut.-Colonel George Warburton.

Major George Garnet Greer, M.C., is posted for duty under the A.D.M.S., M.D. No. 3.

a.-Major Thomas Albert Watterson, from M.D. No. 6, is appointed Officer Commanding, Fleming Military Convalescent Hospital, Ottawa, vice Major W. H. Ballantyne.

Capt. James Giles Robinson Stone, from D.D. No. 2, is posted for duty on the Directorate of the D.G.M.S., Militia Headquarters, Ottawa.

Capt. James Frederick Stewart Marshall, M.C., is posted for duty under the A.D.M.S., M.D. 13, and to be appointed Officer Commanding Ogden Military Convalescent Hospital, with effect from 6th May, 1919, vice Capt. A. A. Drinnan.

Capt. George Douglas Jeffs, is posted for duty under the A.D. M.S., M.D. No. 2.

Major Collin Andrew McDiarmid, is posted for duty under the A.D.M.S., M.D. No. 4.

Major John Alfred Briggs is posted for duty under the A.D. M.S., M.D. No. 4.

### PROMOTIONS.

Lieut. Philippe Auguste Charette, to be Captain.
Lieut. Harry Herbert Bruser, to be Captain.
Lieut. Elphage Lelande, to be Captain.
Lieut. Didace Romeo Bisson, to be Captain.
Capt. Alexander Gibson, to be acting Major.

### RETURNED FROM OVERSEAS.

The undermentioned officers are returned from overseas on general demobilization, for further duty, etc.

Major F. W. Kenny, Major P. Poisson, Lieut.-Colonel Selby, Major W. G. Cosbie, Capt. R. T. Washburn, Capt. J. Gibbs, Major J. T. Wall, Capt. Frank Harvey, Lieut.-Colonel C. A. Young, A.-Lieut.-Colonel D. S. Lomer, D.S.O., Major W. D. Kennedy, Capt. H. N. Harvie, Capt A. G. Thompson, Colonel R. P. Wright, Major G. Bouthillier, Capt. J. G. R. Stone, Major R. Mayrand, Capt. E. B. Moles, Major R. B. Robertson, Capt. D. E. S. Wishart, Major C. E. Saint-Pierre, Lieut. G. E. W. Crowe, Major J. F. Burgess, Capt. H. A. Simms, Capt. Millen Alexander Nickle, Lieut.-Colonel Z. Rheaume, Capt. J. L. Hammond, Major Sir Andrew MacPhail, Major W. H. Laughlin, Capt. R. Goulden, Capt. W. E. Case, Major A. J. Swan, Major F. S. Ruttan, Capt. Lambert Douglas Densmore, Major Leo Errold Parisien, Capt. James Lewin, Major Ralph Marshall Filson, Capt. Emmett Scarlett.

### RETIREMENTS.

Major William Hamilton Merritt, on general demobilization.
Lieut.-Colonel George S. McCarthy, on general demobilization.
Capt. Thomas Patten Shaw, on general demobilization.

Capt. Alfred Lawther, is struck off of the strength of the C.E.F. as medically unfit.

Major George Ernest Gillies, on General demobilization.

Lieut.-Colonel Theadore A. Lomer, on general demobilization.

Capt. Evelyn Edwin Robbins, on general demobilization.

Capt. Arthur Chester Armstrong, M.C., medically unfit.

Capt. Joseph Albert Demers, on general demobilization.

Capt. Frederick William Harvey, on assuming duty with the Department of Soldiers' Civil Re-establishment.

Major Henry Pulteney Wright, on general demobilization.

Capt. a.-Major Seymour Traynor, on assuming duty with the Board of Pension Commissioners.

Lieut.-Colonel Stephen Rice Jenkins, on general demobilization.

Major Charles Buckingham Shuttleworth, on general demobilization.

Capt. Rupert Stanley Stevens, struck off strength on being medically unfit.

Major Charles Edward Saint-Pierre, on assuming duty with the Department of Soldiers' Re-establishment.

Major Howard Hampden Burnham, on general demobilization.

Major Neil MacLeod, struck off strength on being medically unfit.

Capt. George Sutherland Day, on general demobilization.

Capt. Norman Thomas Beeman, medically unfit.

Major Sir Andrew MacPhail, on general demobilization.

Capt. Charles Francis Dunfield, on general demobilization.

# Programme

JOINT CONGRESS OF THE

8TH ANNUAL CONGRESS, CANADIAN PUBLIC HEALTH ASSOCIATION

8TH ANNUAL MEETING, ONTARIO HEALTH OFFICERS' ASSOCIATION

TORONTO, MAY 26TH, 27TH AND 28TH, 1919.

**Convention Headquarters, Physics Building, University of Toronto.**

## PRELIMINARY PROGRAMME OF THE GENERAL SESSIONS.

**Registration, 9 a.m.—10.30 a.m.**

### FIRST SESSION.

*Monday, May 26th*: 10.30 *a.m. Auditorium, Physics Building.*

Opening Remarks—Lt.-Col. J. W. S. McCullough, *Chief Officer of Health, Ontario, Toronto.*

The Federal Department of Health—Michael Steele, M.D., M.P., *Tavistock, Ont.*

State Health Insurance—C. J. C. O. Hastings, M.D., M.O.H., *Toronto.*

### SECOND SESSION.

Nomination of Committees.

*Monday, May 26th*: 2*p.m. Auditorium* (*Room* 43) *Physics Building.*

Opening of Congress—Hon. W. D. McPherson, K.C., *Provincial Secretary of Ontario.*

Presidential Address—Dr. J. A. Hutchinson, *Westmount, Que.*

Symposium on Influenza.

Etiology, Epidemiology, and Incidence of Influenza—Dr. W. H. Frost, *Surgeon, U. S. P. H. Service, Washington, D.C.*

Sera and Vaccines in the Prophylaxis of Influenza—Dr. Augustus Wadsworth, *Director, Div. Laboratories and Research, State Dept. of Health, Albany, N.Y.*

Measures in the Control of Influenza—Lt.-Col. J. W. S. McCullough, *Toronto.*

### THIRD SESSION.

*Monday, May 26th*: 8.15 *p.m. Convocation Hall, University of Toronto.*

"Psychiatric Lessons from the War"—Col. Thomas W. Salmon, *Medical Director U. S. National Committee for Mental Hygiene, Washington, D.C.*

### FOURTH SESSION.

*Tuesday, May 27th*: 2 *p.m. Auditorium* (*Room* 43) *Physics Building.*

Some Problems of Child Welfare—Dr. Mary Sherwood, *Baltimore, Md.*
"Still Births"—Dr. Gordon Gallie, *Toronto.*
Child Welfare Work in Alberta—Dr. Heber C. Jamieson, *Edmonton, Alta.*
Discussion.

Adjournment at 4 p.m. Reception will be tendered to the Delegates at the Royal Ontario Museum.

### FIFTH SESSION.

*Tuesday, May 27th*: 8.15 *p.m. Convocation Hall, University of Toronto.*

**A Social Hygiene Programme for Canada.**

Address—W. H. Zinsser, *Chairman, Social Hygiene Division, Training Camps Activities Commission, Washington, D.C.*

Address—Col. E. L. Keyes, Jr., *Surgeon-General's Office, U. S. Army, Washington, D.C.*

The U. S. Government Social Hygiene Film, "The End of the Road," will be shown probably at the conclusion of this meeting.

### SIXTH SESSION.

*Wednesday, May 28th*: 2 *p.m. Auditorium* (*Room* 43) *Physics Building.*

**Our Canadian Girl, Some Suggestions in the Reconstruction of her Adolesence. Hon. Wm. F. Roberts, *Minister of Health, New Brunswick.***

**"Community Nursing"—Miss K. Olmstead, *Extension Secretary, National Association for Public Health Nursing, Chicago, Ill.***

Nursing, Medical and Hospital Problems in the Rural West—Dr. F. C. Middleton, *Bureau of Health, Regina, Sask.*

**Discussion.**

**Business Meeting.**

**Adjournment at 4 p.m. for motor drive around the city.**

## PROGRAMME OF THE SECTION OF SOCIAL HYGIENE.

### FIRST SESSION.

*Tuesday, May 27th*: 9.30 *a.m. Physics Building.* (Room 18.)

**The Control of Venereal Diseases.**

Chairman's Address—Capt. Gordon Bates, C.A.M.C., *Toronto.*

Duties of Municipal Health Authorities in Regard to the Ontario Venereal Diseases Act—M. B. Whyte, M.D., *Director of Medical Services, Department of Health, Toronto.*

The Rôle of the Laboratory—H. K Detweiler, M.D., *University of Toronto.*

The Value of Social Service Work—Mrs. L. A. Hamilton, *Toronto.*

### SECOND SESSION.

*Wednesday, May 28th*: 9.30 *a.m. Physics Building.* (*Room* 41.)
**Joint Session with the Section of Mental Hygiene.**

## PROGRAMME OF THE SECTION OF MENTAL HYGIENE.

### FIRST SESSION.

*Tuesday, May 27th*: 9.30 *a.m. Physics Building.* (Room 41.)

Chairman's Address—Lieut.-Col. C. K. Russel, *Montreal, Que.*

The General Practitioner's Part in Preventing Mental Disorder—Dr. W. H. Hattie, *Provincial Officer of Health, Nova Scotia.*

Symposium on "Mental Hygiene and Immigration."

(a) Dr. C. K. Clarke, *Medical Director, Canadian National Committee for Mental Hygiene.*

(b) Major J. D. Pagé, *Director of Immigration, Port of Quebec.*

(c) Dr. A. H. Desloges, *General Medical Superintendent of Insane Asylums of the Province of Quebec.*

(d) Dr. Gordon S. Mundie, *Associate Medical Director, Canadian National Committee for Mental Hygiene.*

### SECOND SESSION.

*Wednesday, May 28th*: 9.30 *a.m. Physics Building.* (Room 41.)

Joint Session with the Section of Social Hygiene.

The Prostitute and the Community.

(a) The Rôle of the Reformatory—Mrs. O'Sullivan, *Mercer Reformatory, Toronto.*

(b) The Rôle of the Police Court—J. W. Seymour Corley, K.C., *Toronto.*

(c) The Rôle of the Jail Physician—Dr. Owen Parry, *Toronto.*

(d) Psychiatric Considerations, discussed by—Miss M. Kniseley, *Head Worker, Social Service Department, Toronto General Hospital;* Miss E. Moss, Psychiatric Social Worker, *Toronto General Hospital;* Dr. C. M. Hincks, *Associate Medical Director and Secretary, Canadian National Committee for Mental Hygiene.*

(e) Preventive Measures—Mr. John Bradford, Representative of the "Committee of Sixteen," *Montreal, Que.*

## PROGRAMME OF THE SECTION OF LABORATORY WORKERS.

### FIRST SESSION.

*Tuesday, May 27th*: 9.30 *a.m. Physics Building.* (*Room* 30.)

Chairman's Address—The Development of the Public Health Laboratory. Professor J. J. Mackenzie, *University of Toronto.*

Institutional Syphilis—F. W. Luney, *Institute of Public Health, London, Ont.*

The Use of Type I Anti-Pneumococcus Serum—Capt. W. R. Hodge, *Connaught Antitoxin Laboratories, University of Toronto.*

A Preliminary Study in Bacteriology of Jellied Meat Products—J. A. Allan, *Ontario Veterinary College, Toronto.*

Experimental Studies in Anterio Poliomyelitis—H. L. Abramson, *Director of Laboratories, New Brunswick.*

The Bacteriological Laboratories, at the Ontario Agricultural College—D. H. Jones, *Professor, Bacteriology, Guelph, Ont.*

### SECOND SESSION.

*Wednesday, May 28th*: 9.15 *a.m. Physics Building.* (*Room* 30.)

The Bacteriology of Swelled Canned Sardines—Wilfred Sadler, *Vancouver, B.C.*

Protein Sensitization from Parasites—Seymour Hadwen, *Biological Laboratories, Department of Agriculture, Ottawa, Ont.*

Vaccines in Influenza—Dr. O. Cadham, *Bacteriological Branch, Provincial Board of Health, Winnipeg Man.*

Visit to Connaught Antitoxin Laboratories, Downsview, Ont.

## PROGRAMME OF THE SECTION OF CHILD WELFARE.

### FIRST SESSION.

*Tuesday, May 27th*: 9.30 *a.m. Physics Building.* (*Room* 38.)
Chairman's Address—D. J. Evans, M.D., *Montreal, Que.*
Report of the Secretary—Lionel Lindsay, M.D., *Montreal, Que.*
Reports of the Various Committees.
Committee No. 1. Obstetrics—Gordon Gallie, M.D., *Toronto.*
Committee No. 2. Pediatrics—Lionel Lindsay, M.D., *Montreal.*
Committee No. 3. Propaganda—Heber C. Jamieson, M.D., *Edmonton.*
Committee No. 4. Vital Statistics—Helen MacMurchy, M.D., *Toronto.*

### SECOND SESSION.

*Wednesday, May 28th*: 9.30 *a.m. Physics Building.* (*Room* 18.)
"A Home for Every Baby"—Dr. Helen MacMurchy, *Toronto.*
Report of Committee "Rural Communities"—Miss M. Power, *Toronto.*
Round Table Discussion of this Report.

## PROGRAMME OF THE SECTION OF MEDICAL OFFICERS OF HEALTH.

### FIRST SESSION.

*Tuesday, May 27th*: 10 *a.m. Auditorium* (*Room* 43), *Physics Building.*
Presidential Address of the Ontario Health Officers' Association—G. R. Cruickshank, M.O.H., *Windsor, Ont.*
Some Observations on Diphtheria—W. S. Downham, M.O.H., *London, Ont.*
Sanitation of Rural Residences and Institutions—Professor P Gillespie, *University of Toronto.*
The Public Health Officer and His Relation to Public Health in Ontario—S. E. L. Thompson, M.D., *Kingston, Ont.*
A Tribute to the Late Hon. W. J. Hanna—Dr. A. H. Wright, *Toronto.*

### SECOND SESSION.

*Wednesday, May 27th*: 10 *a.m. Auditorium, Physics Building.*
Some Observations of the Recent Epidemic—H. O. Howitt, M.O.H., *Guelph, Ont.*
Some Problems for the New M.O.H.—D. V. Currey, M.O.H., *St. Catharines, Ont.*
The Public Health Laboratory as an Aid to the Health Officer—A. J. Slack, *London, Ont.*
How Sanitary Measures Reduce the Waste of Man Power in the Army—J. W. Shaw, *Clinton, Ont.*
Water Supplies in Quebec—T. Lafreniere, C.E., *Superior Board of Health, Province of Quebec.*
Business Meeting.

# Preliminary Programme

ANNOUNCING

THE THIRTY-NINTH ANNUAL MEETING

OF THE

ONTARIO MEDICAL ASSOCIATION

TO BE HELD AT

TORONTO—MAY 27TH, 28TH, 29TH, 30TH, 1919.

IN THE

MINING BUILDING—UNIVERSITY OF TORONTO.

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## PROGRAMME OUTLINE.

### TUESDAY, MAY 27TH.

2.00 p.m.—Meeting of the Committee on General Purposes, at the King Edward Hotel.
6.30 p.m.—Round Table Dinner, King Edward Hotel.
9.00 p.m.—Completion of Meeting of Committee on General Purposes, King Edward Hotel.

### WEDNESDAY, MAY 28TH.

9.00 a.m.—Registration.
10.00 a.m.—Business Meeting of the Association.
12.30 p.m.—Luncheon.
2.00 p.m.—Symposium on Influenza to be discussed under the following divisions:—

History and Epidemiology, Dr. F. A. Clarkson.
Statistical Studies, Dr. F. S. Minns.
Nose, Throat and Ear Manifestations, Dr. J. P. Morton
Neurological Manifestations, Dr. Goldwin Howland.
Obstetrical, Gynaecological and Surgical Manifestations, Dr. A. Moir.
Cardio Vascular Manifestations. Dr. Wm. Goldie.
Respiratory Manifestations, Dr. H. B. Anderson.
Pathology, Dr. W. T. Connell.
Bacteriology and Immunology, Dr. A. Caulfield.

4.00 p.m.—Entertainment—Garden Party to which the Ladies are invited.

8.00 p.m.—President's Address—Dr. G. Stewart Cameron, Peterborough, Ont.

Address on Medicine—"Shakespeare as an Aid in the Art and Practice of Medicine." Sir St. Clair Thompson, M.D., F.R.C.P., F.R.C.S., London, Eng.

THURSDAY, MAY 29TH.

9.00 a.m.—Sectional Meetings—Medicine.
Surgery.
Obstetrics and Gynaecology.
Eye, Ear, Nose and Throat.

12.30 p.m.—Luncheon.

2.00 p.m.—Address on Obstetrics—"The Nutrition of the Fetus," J. Morris Slemons, Prof. of Obstetrics and Gynaecology, Yale University.

3.00 p.m.—Medical Problems in Relation to Rehabilitation.
Diseases of the Respiratory System, Dr. J. H. Elliott.
Cardio-Vascular Diseases, Dr. C. S. McVicar.
Functional Neurosis, Dr. Geo. Boyer.
Mental Conditions, Dr. C. K. Clarke.

4.30 p.m.—Business Meeting of the Association.

8.00 p.m.—War Surgery—
General Introduction, Col. A. Primrose, C.B.
X-Ray Advances during the War, Col. R. E. Wilson.
Surgery of the Thorax, Maj. A. L. Lockwood, D.S.O. M.C., Col. P. K. Menzies.
Surgery of the Knee, Col. J. A. Kidd.
Surgery of the Humerus, Maj. Geo. Ewart Wilson.
Cranioplasty, Col. C. H. Gilmour.
Nerve Restoration, Maj. D. E. Robertson.
Prosthetic Surgery, Lt.-Col. Guy Hulme.

FRIDAY, MAY 30TH.

9.00 a.m.—Sectional Meetings. Medicine.
Surgery.
Obstetrics and Gynaecology.

2.00 p.m.—By invitation the afternoon session will be held at the Dominion Orthopedic Hospital, Christie Street, Toronto, where the work in the various departments will be demonstrated.

## MEDICAL SECTION.

DR. JOHN F. SHEAHAN, *Chairman.* DR. F. C. HARRISON, *Secretary.*

Thursday—Sectional Meeting.

Congenital Pyloric Obstructive Conditions, Dr. Allan Canfield.

Radiographic Studies of the Upper Abdomen, Dr. H. M. Tovell.

From Notes on Febrile Conditions met with in Macedonia during the War, Dr. H. C. Parsons.

Auricular Flutter and its Treatment, Col. John Meakins, (Montreal).

Friday—Sectional Meeting—Symposium on Nephritis.

Anatomy of the Renal Tubule, Prof. J. Playfair McMurrich.

The Modern Theories of the Kidney—Function, Prof. J. J. McLeod.

Tests of Functional Capacity, Prof. Andrew Hunter.

Trerapy of Nephritis, Dr. Herman O. Mosenthal (New York).

## SURGICAL SECTION.

DR. EDMUND E. KING, *Chairman.* DR. T. A. ROBINSON, *Secretary.*

Thursday and Friday—Sectional Meetings.

Surgery of Hour-Glass Contractions of the Stomach, Dr. W. H. Harris.

X-Ray Diagnosis of Gastric and Duodenal Ulcers, Dr. G. E. Richards.

Tumours of the Bladder, Dr. W. A. Cerswell.

Papers not yet announced by—

Dr. Ingersoll Olmstead.
Dr. J. A. MacGregor.
Dr. E. R. Secord.
Dr. Malcolm Cameron.

## OBSTETRICAL AND GYNAECOLOGICAL SECTION.

DR. B. P. WATSON, *Chairman.* DR. J. GORDON GALLIE, *Secretary.*

Thursday and Friday—Sectional Meetings.

Indications and Contra-indications for the use of Obstetrical Forceps, Dr. A. H. Frawley.

The Treatment of Puerperal Septiceemia, Dr. G. C. Copeland.

On Backward Displacements of the Uterus, Dr. A. C. Hendrick.

The Role of the Prenatal Clinic, Dr. J. Gordon Gallie.

Treatment of Gonorrhoea in the Female, Dr. W. W. Lailey.

*Additional Papers not yet announced will be presented.*

## EYE, EAR, NOSE AND THROAT SECTION.

DR. F. C. TREBILCOCK, *Chairman.* DR. J. C. CALHOUN, *Secretary.*

The Eye, Ear, Nose and Throat Section is especially fortunate in the prospect of visits from Sir St. Clair Thompson, of London, Eng., and Dr. Alfred Braun, of New York. We have not the titles of the subjects which the former will introduce at our Section Meeting, but we know that the latter will speak on "The Value of the Examination of the Internal Ear." In addition we shall have contributions from members nearer home.

The Section proposes to hold only one session on Thursday morning; it ought to be full of interest and afford an opportunity to meet again those members who have returned from work overseas.

Every indication points to a very interesting programme for this, our thirty-ninth (Victory) Annual Meeting. The Programme Committee has been singularly fortunate in obtaining the co-operation of many distinguished visitors, as well as members of our own Association to take part in the meetings.

It is hoped that every member of the Association will make a special effort to be present.

Classes proposing to hold Re-Union Dinners are reminded that organization preparations should be commenced at once. With the War now over and many Medical Officers having returned from overseas, class Re-Unions should be popular.

The Committee on Arrangements will be pleased to render any possible assistance.

DR. F. W. MARLOW,
417 Bloor Street W., Toronto,
*Chairman, Committee on Arrangements.*

DR. T. C. ROUTLEY,
66 Bond Street, Toronto,
*Hon. Secretary.*

DR. G. STEWART CAMERON,
Peterborough, Ont.,
*President.*

# The Provincial Board of Health of Ontario

## Spanish Influenza and Pneumonia

It is satisfactory to know from reports received for April the epidemic of Influenza that has caused so many deaths in the Province for the last six months is disappearing very fast as the marked decrease in deaths for April would indicate. During the earlier months of the outbreak the deaths were in the thousands, and for the last month they have diminished to 137 for Influenza and 341 for Pneumonia. The deaths for March were 285 from Influenza and 418 from Pneumonia. The deaths from all causes reported by the undertakers are 2,510.

## Communicable Diseases reported by Local Boards of Health for the Month of April, 1919

THE New Regulations recently passed by the Provincial Board of Health require, Influenza, Acute Influenzal Pneumonia, Acute Primary Pneumonia, Trench Fever, Typhus Fever, Relapsing Fever and Dysentery (both Bacillary and Amoebic) to be reported weekly by Local Boards with the other communicable diseases on forms supplied by the Provincial Board. The first cases and deaths under the new regulations have been received, and will be seen in the Comparative Table.

It will be observed the cases of Smallpox are 7 less than in April, 1918, and are spread over 11 municipalities. The reports of Scarlet Fever cases show 53 less, with 9 fewer deaths. The returns of Diphtheria gives 145 fewer cases with 8 more deaths, which would indicate the disease is of a more virulent type than in the corresponding month of 1918.

The Provincial Board distributed 21,517,000 units of Antitoxin during the month to places where the disease existed.

The following biological products were supplied *free* by the Provincial Board of Health, Ontario, during the month of April, 1919:—

| | |
|---|---|
| Smallpox Vaccine | 3,935 Cap tubes |
| Diphtheria Antitoxin | 21,957 M. Units |
| Diphtheria Antitoxin | 1,160 Syringes |
| Anti-Meningitis Serum x 20 c.c. | 171 Vials |
| Anti-Meningitis Serum x 20 c.c. | 10 Outfits |
| Tetanus Antitoxin | 475.500 Units |
| Tetanus Antitoxin | 63 Syringes |
| Pertussis Vaccine | 203 Boxes |
| | 64 Bottles of 10 c.c. |
| Silver Nitrate Solution | 241 Boxes |

COMPARATIVE TABLE OF COMMUNICABLE DISEASES BY LOCAL BOARDS OF HEALTH.

| | 1919. *April.* | | 1918. *April.* | |
|---|---|---|---|---|
| *Diseases.* | *Cases and Deaths.* | | *Cases and Deaths.* | |
| Smallpox | 32 | 0 | 39 | 0 |
| Scarlet Fever | 330 | 7 | 383 | 16 |
| Diphtheria | 204 | 30 | 349 | 22 |
| Measles | 53 | 2 | 1,461 | 11 |
| Whooping Cough | 48 | 3 | 240 | 4 |
| Typhoid | 10 | 3 | 38 | 5 |
| Tuberculosis | 191 | 152 | 187 | 122 |
| Infantile Paralysis | 0 | 0 | 2 | 1 |
| Cerebro-Spinal Meningitis | 12 | 12 | 17 | 12 |
| Meningitis | 20 | 18 | — | — |
| Acute Primary Pneumonia | 6 | 2 | — | — |
| Acute Influenzal Pneumonia | 1 | 1 | — | — |
| | 907 | 230 | 2,716 | 193 |

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH.

| | *April* 1919. *Cases.* | *March* 1919. *Cases.* |
|---|---|---|
| Syphilis | 110 | 97 |
| Gonorrhoea | 139 | 183 |
| Chancroid | 3 | 4 |
| | 252 | 284 |

NOTE—Syphilis caused 4 deaths; 2 adults and 2 babies.

# Editorial

## Dominion Government Annuities

We wish to direct attention to the Annuities issued by the Government of the Dominion of Canada. For persons of all ages, there is no way in which savings can be more judiciously invested than in some form of Dominion Government annuity. The benefits accruing from systematic saving are so well known that they require no elucidation here. We desire, however, to emphasize the fact that the proceeds of such saving can be so invested that an independent old-age can be arranged for by almost everyone of us if we will but save a little and invest it wisely. We advise all who are interested to write to the Post Office Department, Annuities Branch, Ottawa, for further details. Letters so addressed do not require a stamp.

## The Passing of the Old Order

The spirit of self-sacrifice which has so magnificiently animated the vast majority of Canadians during the past five years should not be allowed to wane during the period of Reconstruction.

A return to petty bickerings, religious, political and social will never be tolerated by those men who have seen thousands of their fellows pay the supreme sacrifice, and who have themselves endeavored to do their part, however humble, in the fighting areas.

We fought the Germans to vindicate an ideal, Let those who have causes which they wish to prosecute, ask themselves: are these really worthy of a fellow-countryman of the lads whose last resting-place is marked by a small white cross in shell-torn fields, in a foreign land?

# News Items

It is believed that there are now sufficient subscribers to The Public Health Journal, who are actively engaged in public health and closely related work, to warrant the devotion of a page in each issue of the Journal to items of interest to workers in public health, social service and allied fields. Such items will be gladly received and our readers are requested to help us make this personal page one of interest.

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LT.-Col. E. G. Zabriskie, of New York City, has been designated Senior Consultant in Neuro-psychiatry for the American Expeditionary Forces, succeeding Col. Thomas W. Salmon, who has returned to the United States for duty in the Surgeon-General's office. Lt.-Col. Zabriskie went to France as Divisional Neuro-psychiatrist of the Fourth Division. Subsequently he was Consultant in Neuro-psychiatry to the Third and Fifth Corps and to the First Army. After the armistice he served as Consulting Neuro-psychiatrist to the Savenay Hospital Center.

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The Act respecting the Department of Health, Bill 37, has passed its second reading and it is to be hoped will soon be put through the Senate and find its way into the Statutes. That, however, is not sufficient. An adequate budget is necessary to initiate the work on a satisfactory scale, and we trust the Finance Minister has made proper provision for this new and extremely important Department.

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The programme of the Public Health Congress is now in the hands of our readers. It is a matter for congratulation, that never in the history of the Canadian Public Health Association or the Ontario Health Officers' Association, has a programme of more varied and practical interest been arranged.

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During the week of April 28th, Dr. George D. Porter delivered a series of lectures on Tuberculosis, in Battle Creek, Michigan.

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Dr. C. J. O. Hastings, Medical Officer of Health, Toronto, delivered an address recently before the Chamber of Commerce, London, Ontario, on Modern Municipal Public Health Organization.

The following names have been associated, by the daily press, with the post of Deputy Minister of Health, Ottawa: Lt.-Col. John A. Amyot, C.M.G., Professor of Hygiene, University of Toronto; Lt.-Col. T. A. Starkey, Professor of Hygiene, McGill University; Dr. Peter H. Bryce, Chief Medical Officer, Department of the Interior, Ottawa; and Dr. Hibbert W. Hill, of the Minnesota Public Health Association, and formerly Director of the Institute of Public Health, London, Ontario.

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Our readers will regret to learn that Lt.-Col. George G. Nasmith, C.M.G., Director of Laboratories, Department of Health, Toronto, has been seriously ill for the past three months. All will join us in expressing the sincere hope of complete recovery in the near future.

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Readers of the Journal are urged to make every endeavor to attend the Public Health Congress in Toronto on May 26th, 27th, and 28th next. The meetings promise to be of the greatest value from a public health educational standpoint.

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Plans are almost complete for a Local Baby Welfare Week to be held in Toronto commencing September 15th next. It is expected that further details will be available shortly and these will be given in an early issue of the Journal.